



FERPA - STUDENT AUTHORIZATION RELEASE FORM

POLICY: Per the Family Education Rights and Privacy Act (FERPA), the written authorization of a student over 18 years of age is required in order for The Chicago School to disclose the student's non-directory information to any third party. Third parties are entities other than the custodian of record and the student. Without the student's written consent, the institution cannot disclose non-directory student information. If a student wishes to disclose non-directory information, this form must be completed in its entirety.

STUDENT INSTRUCTIONS:

1. Clearly indicate to whom information is to be released, the type of information to be released, and the length of time records can be released.
2. Complete this form and submit to the Office of the Registrar:

Email: TCSPPRegistrar@thechicagoschool.edu or Fax: 312.757.7013

STUDENT NAME: _____ STUDENT ID#: _____

SCHOOL E-MAIL: _____ PHONE#: _____ LOCATION: _____

TERM/SEMESER & YEAR: _____ DEGREE LEVEL: _____ PROGRAM: _____

In accordance with FERPA, The Chicago School will disclose to designated parties information from the education record of a student, provided the institution has on file the written consent of the student.

I, _____, freely and voluntarily consent to the release of information from my education record. In giving permission to **The Chicago School** to make such disclosure(s), I also state as follows:

1. **Name of Party or Parties to Whom Disclosure May Be Made** (please print):

2. **Address of Party or Parties to Whom Disclosure May Be Made** (please print):

Address: _____

City: _____ State/Zip: _____

Phone: _____

3. Duration of Release: While actively enrolled Limited use (specify date or date range) _____ Other: _____

4. Purpose of Disclosure (please print):

5. Information from the following offices can be shared:

Academic Record including grades Financial Aid Student Accounts International Student Record

Other (please specify): _____

This release does not permit the disclosure of information to any other persons or entities without my written consent unless specifically allowed for under FERPA. I understand it is my responsibility to revoke this authorization, if desired.

STUDENT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

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|----------------------|-------|---|
| Received by: | Date: | Document in CampusVue: <input type="checkbox"/> |
| Registrar Signature: | | Date: |